

... case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

| PLACE OF BIRTH   |   | ARIZONA STATE BOARD OF HEALTH   |                                   |
|--|---|---|-----------------------------------|
| BUREAU OF VITAL STATISTICS   |   | State Index No. 116   |                                   |
| County of <u>Gila</u>  | District of <u>Globe</u>                                | ORIGINAL CERTIFICATE OF BIRTH   |                                   |
| Town of <u>Copper Hill</u>   | or  | Co. Register No. <u>1044</u>  |                                   |
| City of _____  | (No. _____ St. _____ Ward)                              | Local Registrar's No. _____   |                                   |
| FULL NAME OF CHILD <u>Edgar Joseph Tucker</u>  |   | Born  | YES                               |
| If child is not named, make Supplemental Report on blank obtainable from local registrar.  |   | Alive   | NO                                |
| Sex of Child <u>Male</u>   | Twin, Triplet or other <u>Other</u>                     | and   | Number in order of birth <u>1</u> |
| Legitimate? <u>Yes</u>   | Date of Birth <u>June 17</u> 191 <u>4</u>               | (Month)   | (Day) (Yr.)                       |
| FATHER   |   | MOTHER  |                                   |
| Full Name <u>Ray J. Tucker</u>   | Full Maiden Name <u>Eula I. Cowley</u>                  | Residence <u>Copper Hill, Ariz.</u>   |                                   |
| Residence <u>Copper Hill, Ariz.</u>  | Color or Race <u>White</u>                              | Age at last Birthday <u>30</u> (Years)  | Color or Race <u>White</u>        |
| Birthplace <u>Texas</u>  | Occupation <u>Miner-Blacksmith</u>                      | Birthplace <u>New Mexico</u>  | Occupation <u>Housewife</u>       |
| Number of child of this mother <u>3</u>  | Number of children, of this mother, now living <u>3</u> | Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>                    |                                   |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*   |   |   |                                   |
| I hereby certify that I attended the birth of above child; and that it occurred on <u>June 17</u> , 191 <u>4</u> , at <u>3:15</u> P.M. |   |   |                                   |
| *When there is no attending physician or midwife, then the householder should make this return.  |   |   |                                   |
| (Signature) <u>[Signature]</u> (Attending physician, midwife, householder.*)   |   |   |                                   |
| Given or christian name added from a supplemental report _____ 191 <u>4</u>  |   |   |                                   |
| 539-617-538<br>COUNTY REGISTRAR.   |   | A True Copy<br>B. G. L. <u>[Signature]</u><br>LOCAL REGISTRAR.<br>COUNTY REGISTRAR. |                                   |

ARIZONA STATE BOARD OF HEALTH  
JUN 21 1940